MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/592943

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™ AMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	_		IND.	DEP.	IND.	DEP.	IND.	DEP.
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50 TOTAL IND.	0	•	1	1	0	•		100 OTAL IND.	0	1	0	1	0	1
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